

California Medical Association Council's Consideration of California Physicians' Service Problems and Mannix Survey Report.—In this issue of CALIFORNIA AND WESTERN MEDICINE appear the minutes of the 311th meeting of the Council of the California Medical Association, held on June 19-20, 1943. Under Item 9 (*California Physicians' Service*) and Item 10 (*Survey of California Medical Service and Hospitalization Organizations—Report of Mr. John R. Mannix, Detroit*) appear the minutes of the Council's consideration of these important subjects. In later issues, these matters will be referred to again. Meanwhile, it is reassuring to learn that plans are in the making to bring about more harmonious relationships between all parties concerned.

The Council of the California Medical Association will hold its next meeting on August 22. Component county societies and members are requested to feel free to send in their suggestions, either direct to the Council or through district councilors or councilors-at-large. All of us are seeking the paths along which medical and hospitalization services in California may be made available to the largest possible number of citizens for whom those services are particularly designed. With broad-minded and wholehearted cooperation by all concerned, that basic objective may be realized.

MEETING OF THE A. M. A. HOUSE OF DELEGATES IN CHICAGO, JUNE 7-9, 1943: REGARDING SOME CALIFORNIA RESOLUTIONS

California as a Medico-Political Guinea Pig. Some years ago certain medical practice problems in California took on political hues, making it necessary for the organized medical profession of the State to become interested in proposals which, had they been carried out, would have seriously impeded the progress of scientific medicine. At that time, physicians in other States of the Union were not confronted with similar attacks. As a consequence, in more than one section of the United States, there were those in the medical profession who raised their eyes in somewhat hopeless despair when the activities of the California Medical Association were under discussion. Not so, however, when later on these same matters came to the front in their own Commonwealths.

These thoughts of happenings in former years flit into the mind, as one's eyes glance over the pages of the July 19, 1943, issue of *The Journal of the American Medical Association* and note the references to resolutions introduced in former years by California physicians in the American Medical Association House of Delegates, and which in this present year have been receiving increasing attention by the Board of Trustees of the American Medical Association.

Without going into details, but with somewhat pardonable pride in the vision of California Medical Association councilors in having California delegates propose for national consideration problems worthy of more than state-wide scope—in the

hope of possible solution—there are here mentioned some of the items referred to in *The Journal of the American Medical Association* of June 19, 1943:

(a) From page 524, under "Supplementary Report."

SUPPLEMENTARY REPORT OF THE BOARD OF TRUSTEES DEALING WITH HOSPITAL CORPORATIONS ENGAGING IN THE PRACTICE OF MEDICINE

The subject matter covered in this report is contained in three resolutions submitted to the House of Delegates as follows. . . .

2. The resolutions introduced by Dr. Harry H. Wilson, California, at the Cleveland session in 1941.

3. The resolutions introduced by Dr. Lyell C. Kinney, California, at the Atlantic City session in 1942.

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(b) This item from *The Journal of the American Medical Association* of June 19, 1943, on page 526.

SUPPLEMENTARY REPORT OF BOARD OF TRUSTEES DEALING WITH REPORT OF PROCEEDINGS OF THE JOINT COMMITTEE MEETING OF NATIONAL HOSPITAL ASSOCIATIONS AND REPRESENTATIVES OF THE BOARD OF TRUSTEES OF THE AMERICAN MEDICAL ASSOCIATION

FACTUAL DATA FROM CONFERENCES

From page 527:

The resolutions of the House of Delegates of June, 1942, were read as follows:

WHEREAS, The House of Delegates approved a resolution introduced by Dr. Harry H. Wilson at the 1941 session instructing the "Board of Trustees of the American Medical Association . . . to confer with similar committees representing the American Hospital Association and the Catholic Hospital Association of the United States, the conjoint committees to study and submit reports to their respective national bodies, in which would be outlined platforms or principles designed to clarify the relation of medical services that may be offered in prepayment hospitalization and similar plans, the same to be in line with the basic principles laid down in the past by the House of Delegates and other authorities of the American Medical Association; . . .

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From page 529:

2. The Reference Committee on Legislation and Public Relations in joint meeting with the Reference Committee on Miscellaneous Business considering these resolutions reported that the resolutions introduce no new principles not already accepted by this House at former sessions and ask only definite clarification and study by the Board of Trustees. The joint committee recommended the adoption of the resolutions.

Dr. Harry H. Wilson, California, presented the following resolutions, which were referred to the Reference Committee on Legislation and Public Relations:

WHEREAS, In the drafting of policies or contracts to cover medical and hospitalization services of nonprofit and other prepayment organizations it is of primary importance that the agreements or contracts shall make a clear differentiation of medical and hospitalization services that will permit physicians who give pathologic laboratory, x-ray laboratory, anesthesia or similar services, to maintain their physician-patient relationship and their own status as physician specialists; and . . .

4. The resolution presented by Dr. Lyell C. Kinney, California, at the Atlantic City session, June, 1942.

Resolutions on Improvement of Relations Between Physicians and Insurance Companies:

WHEREAS, It is desirable that physicians and insurance companies cooperate to the fullest extent, especially in the interest of persons covered by health and accident insurance; and

WHEREAS, A serious situation has arisen in the administration of certain health and hospitalization schemes

whereby medical services are being billed under the term "hospital services" and are being paid for by insurance companies, as they are labeled hospital services; and . . .

From page 530:

REPORTS OF STUDIES OF PLANS AND ADVICE IN AVOIDANCE
OF DANGEROUS PATTERNS FOLLOWED EACH YEAR

In 1934, at the Cleveland session a resolution introduced by Dr. Albert Soiland, Section on Radiology, stated that some hospitals were doing "collective bargaining for x-ray business," to the detriment of their staff roentgenologists. The Reference Committee considered "the questions involved in the resolution as being primarily ethical rather than truly economic, and for this reason, while recognizing the evils, refrains from direct comment concerning them and recommends that the resolutions be referred to the Council on Medical Education and Hospitals for such action as its wisdom may indicate."

As a result of study by the Bureau of Medical Economics, the ten basic principles for guidance in the formulation of any method of distribution of medical service were presented to the House of Delegates at the 1934 annual session and approved by it as follows:

In 1936, at the Kansas City session of the House of Delegates, resolutions were introduced by Dr. Albert Soiland, Section on Radiology, titled Resolutions on Taking Steps That Will Result in Practice of Medicine Being Conducted by Physicians and Not by Hospitals:

WHEREAS, Certain lay groups in this country are arranging for, or attempting to arrange for, the provision of diagnostic medical services along with and as part of hospital services; and

WHEREAS, The provision of such diagnostic medical services must inevitably foster fundamental changes in the practice of medicine; and

WHEREAS, The American Medical Association is of the opinion that the practice of medicine should at all times be confined to fully licensed physicians; and . . .

From page 531:

Resolutions also introduced at the 1936 session by Dr. Edward M. Pallette, California, titled Resolutions Disapproving Division of Any Branch of Medicine into Technical and Professional Portions, stated that certain lay groups are endeavoring to arrange for the provision of diagnostic medical service along with and as a part of hospital service and pointed out that such fundamental changes in the practice of medicine may well result in deterioration of our present medical standards and especially in deterioration in the quality of medical care furnished to hospital patients and that it is the official policy of the House of Delegates that it disapproves of the division of any branch of medicine into technical and professional portions. It directed also that the resolutions be brought to the attention of the American Hospital Association and its affiliated groups to, the end that existing arrangements permitting division in medical practice be terminated as speedily as possible.

When one reads and ponders on the above, the conclusion may be reached, perhaps, that in the far Southwest the medical profession is not so backward after all.

U. S. Casualties Total 90,860

Washington, June 24.—Total Army casualties for the entire war to date number 63,958, Secretary of War Henry L. Stimson announced today.

Total Navy, Marine Corps and Coast Guard casualties announced to date are 26,902, making the grand total 90,860.

The Army casualties comprise 7,528 killed in action or dead of wounds, 17,128 wounded, 22,687 missing, and 16,615 prisoners of war.

The Philippine campaign was the most expensive to date in casualties, owing to the large number captured and missing after the fall of Bataan and Corregidor.

Total casualties in the Philippine campaign were 31,610, including Philippine Scouts. There were 1,273 killed, 1,746 wounded, 17,939 missing and 10,652 prisoners.

The North African campaign cost 18,738 casualties—2,574 killed, 9,437 wounded, 1,620 missing and 5,107 captured.—San Francisco News, June 24.

EDITORIAL COMMENT[†]

DIETARY BLOOD DESTRUCTION

Five years ago it was shown by Johnson and Freeman¹ of the University of Chicago that, following a heavy fat meal, the thoracic duct lymph of dogs becomes markedly hemolytic. Fatty acids and soaps, which had presumably escaped resynthesis into neutral fats, were subsequently² shown to be present in this lymph in sufficient quantities to account for this hemolysis. Although this lymph empties but slowly into the blood stream, after a heavy fat meal the circulating red blood cells do become exposed to a sufficient quantity of these dietary hemolysins to cause increased fragility of canine erythrocytes,³ and increased excretion of degeneration products of hemoglobin.⁴ Other investigators have demonstrated a similar postdietary blood fragility in man.⁵ Two glasses of cream are sufficient to cause accelerated blood destruction in a normal adult.⁶ Although this dietary blood destruction is presumably insufficient to produce anemia in normal individuals, it may be a factor of considerable clinical importance under certain pathological conditions. This latter possibility is now under investigation.

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REFERENCES

1. Johnson, V., and Freeman, L. W., *Am. J. Physiol.*, 124:466, 1938.
2. Freeman, L. W., and Johnson, V.: *Am. J. Physiol.*, 130:723, 1940.
3. Longini, J., Freeman, L. W., and Johnson, V.: *Fed. Proc.*, 1:51, 1942.
4. Freeman, L. W., Loewy, A., Marcello, A., and Johnson, V.: *Fed. Proc.*, 1:25, 1942.
5. Josephs, H. W., Holt, L. E., Tidwell, H. C., and Kajdi, C.: *J. Clin. Invest.*, 17:532, 1938.
6. Johnson, V., Longini, J., and Freeman, L. W.: *Science*, 97:400 (April 30), 1943.

Contract Let for New U. S. Hospital

Award of a \$2,100,000 contract for construction of a \$4,000,000 Army general hospital at Van Nuys was announced today by the U. S. Engineer office. It will be one of the largest Government hospitals for Army personnel in Southern California.

The hospital, which will accommodate 1,700 beds, will be ready for occupancy in four months, the engineers estimated. Total cost of the project will be approximately \$4,000,000.

The construction will be of a permanent frame type of stucco exterior and plaster interior finish. It will consist of more than 100 buildings, including housing for officers, nurses and administrative personnel.

Included in total cost are kitchen equipment, hospital equipment, furniture and other materials costing approximately \$1,000,000, it was announced. All materials have been procured.

Work is to begin at once.—Hollywood *Citizen-News*, June 16.

[†] This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.